

Immunization Timing

Birth	at age 2 months	Minimum age for first dose	at age 4 months	Minimum interval from previ- ous dose	at age 6 months	Minimum interval from previ- ous dose
HepB	IPV	6 weeks	IPV	4 weeks	IPV	4 weeks
	HepB *	Birth	HepB *	4 weeks	HepB *	8 weeks
	Hib	6 weeks	Hib	4 weeks	Hib **	4 weeks
	DTaP	6 weeks	DTaP	4 weeks	DTaP	4 weeks
	PCV	6 weeks	PCV	4 weeks	PCV	4 weeks
	Rv ****	6 weeks	Rv	4 weeks	Rv	4 weeks
					at age 12 months	Minimum interval from previ- ous dose
					MMR	On or after 1 st birthday
					Hib	8 weeks
					VAR	On or after 1 st birthday
					PCV	8 weeks
					HepA	On or after 1 st birthday
					at age 15 months	Minimum interval from previ- ous dose
					DTaP	6 months
					IPV	4 weeks
					at age 18 months	Minimum interval from previ- ous dose
					HepA	6 months
					DTaP	6 months
					MMR	4 weeks
					VAR ***	3 months
					at age 4-6 years	Minimum interval from previ- ous dose
					IPV	4 weeks
					DTaP	6 months
					MMR	4 weeks
					VAR ***	3 months



IRIS

This is a recommended schedule. For alternatives and details, consult the latest "Recommended Childhood Immunization Schedule, United States."

- * Hep B can be given at 0, 1, and 6 months.
- ** Not needed if Pedvax Hib is administered.
- *** As of January 2007 a second dose of varicella is recommended for children 4-6 years of age.
- **** Series needs to be started by 13 weeks. The final dose of the series needs to be administered by 32 weeks of age.

Preteen Vaccines
 Make sure children 9-12 years are protected. Give meningococcal, Tdap booster, MMR #2, 3 dose Hep B series, 2 dose Hep A series, 3 dose HPV series, and 2 dose varicella series unless there is reliable history of disease or vaccination.



Screening Questions

If parents answer “no” to all of these questions, immunize the child

If a parent answers “yes” to any of these questions refer to the “Guide to Contraindications to Childhood Vaccines”

1. Is your child sick today or does he/she have a fever?
2. Is your child or anyone else at home currently taking steroids (such as cortisone or prednisone) or cancer treatment, or have they taken them within the past 3 months?
3. Does your child or anyone else in your home, have cancer, leukemia, HIV/AIDS or other immune deficiencies?
4. Has your child ever had a reaction to vaccine that needed medical attention?
5. Has your child ever had convulsions or seizures? Does your child have any other problems affecting his/her brain or nerves?
6. Does your child have an allergy to any of the following: neomycin, gelatin, yeast?
7. Has your child had a blood transfusion or a gamma globulin shot in the past year?
8. Is your child currently taking aspirin?
9. (For adolescent girls) Could you be pregnant?
10. Has your child received vaccinations in the past 4 weeks?

Manufacturers change their products from time to time. For this reason, always refer to the manufacturer's information if available.

Acetaminophen Dosage Chart				
Age	Weight	Drops	Elixir	Chewables
0- 3 Mo	6-11lbs	.4ml 1/2 dropper		80 mg Tabs
4-11 Mo	12-17 lbs	.8 ml 1 dropper	1/2 Tsp.	
12-23 Mo	18-23 lbs	1.2 ml 1 1/2 dropper	3/4 Tsp 3.75 ml	
2-3 Yrs	24-35 lbs	1.6 ml	1 Tsp.	2 Tablets